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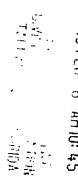
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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ECIA	L INSTRUCTIONS:		

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	WYNKOOP FLORIDA CONSTRUCTION LLC		
5771471	Name of Limited Liability Company	_	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. ice, and check are submitted to register the above referenced foreign limited liability company to transact business.		
Please	return all correspondence concerning this matter to the following:		
	SCOTT KOS		
	Name of Person	- - 22	
	REGISTERED AGENT SOLUTIONS, INC.	33 618	- [1
	Firm/Company	l CD	
	1701 Directors Blvd., Suite 300	> >	
	Address	ĆŪ -Σ	フ
	Austin, TX 78744	J	
	City/State and Zip Code	_	
	skos@rasi.com		
	E-mail address: (to be used for future annual report notification)	-	
For fur	ther information concerning this matter, please call:		
	SCOTT KOS 888 705-7274		
	Name of Contact Person Area Code Daytime Telephone Number	-	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE		
	\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Filing Certificate of Status \$\Bigcup Certified Copy \text{ of Status \& Certified Copy}\$		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WYNKOOP FLORIDA CONSTRUCTION LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

mark markingor, their distribute i	ame adopted for the purpose of transacting business in Fl	Orida The allemate i	ume must include	Limited Liability C	ompany,	LLC, or LLC
	Delaware	•				
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3		(FEI number, if a	pplicable)	
	N/A				17	20
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) nine penalty liability)			- `- : .	619 FE
5460 S. Quebec Street		5460 6.	S. Quebec S	treet	; ;	(EB)
(Street Address of I	Onneipal Office)		(Mailing Address)	[
Ste. 110		Ste. I			,-	ά) >
Greenwood Village, C		Greei		e, CO 80111		7
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	x <u>NOT</u> accept	able)			
Name:	Registered Agent Solutions, Inc.		_			
Office Address:	155 Office Plaza Dr., Suite A		_			
	Tallahassee		. Florida	32301		
	(City)		_ , . 1011100	(Zip code)	-	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jaclyn Wright, Asst. Secreta

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Brandon Jundt Manager Name: _____ Manager 5460 S. Quebec Street Member Address: Member | Address: Ste. 110 Authorized Authorized Greenwood Village, CO 80111 Person Person Other Other____ Other___ Manager Name: Manager Name: ___ Mcmber Address: Member Authorized ☐ Authorized Person Person Other Other _ Other Other Name: _____ Manager Manager Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 3. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree flony as provided for in s.817.155, F.S.

Brandon Jundt

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WYNKOOP FLORIDA CONSTRUCTION LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WYNKOOP FLORIDA CONSTRUCTION LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

THE STATE OF THE S

Authentication: 202170292

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Date: 01-30-19

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